

AIDS Lecture April 21, 1987

AIDS and Behavior: The Need for Education
The Surgeon General's Report

By

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This lecture was given after what seemed like a vacation – thirteen days after giving a lecture on three consecutive days and that just after a two-day hiatus after giving two lectures on the same day. This workshop sponsored by the AMA was very much like the Surgeon General's Workshop that I used on April 6th. I opened by assuring the audience this was one guaranteed way to come up with good policy and that it had worked for me in reference to handicapped children, organ transplants, pornography, family violence, and pediatric AIDS. This day I did not have to give a charge because that was given by my special friend, Dr. Roy Schwarz, Vice President of the AMA.

I can honestly say that I was delighted to follow Dr. Osborne and Dr. Silverman because they brought the audience up to date on the nature of AIDS and the extent of the epidemic. That would permit me to focus directly on the genesis of the Surgeon General's Report on AIDS released in October the 1986 and its implications for education.

I also suggested that we had to look more closely at the evolving demography of the disease to understand what should be done next. I then quickly reviewed that picture for the audience. I talked of homosexual and bisexual men, intravenous drug abusers, and then heterosexual men and women, whose only risk factor seemed to be heterosexual activity. I covered the Black and Hispanic partition of the disease, both for adult and for children and then got into the geography of the disease talking about specific cities. This was the first time that I said that one or more cases had been reported in all 50 states, plus Guam, the trust territories, the Virgin Island and the District of Columbia.

This carried with it a warning that no one could now say the disease was "possibly headed in your direction." It had arrived. That meant that the unrelenting spread of this disease over the past 6 years had carried it further and deeper into the society and that we weren't yet able to slow it down, much less stop it altogether.

Not ever having said it before, I also emphasized for this audience that there were some people – including some physicians – who insisted that it was a false scare. That was very dangerous talk. I put in a plug for the Reagan Administration, noting that I had played a role in helping shape the conservative policies of this government and for anyone to think that this President or this Surgeon General would be likely to advance any false public health scares was nothing short of ridiculous.

To this medical audience I also pointed out that the Public Health Service had been shouldering the burden of this disease for the past 6 years and that these were the same people on the front line with Legionnaire's Disease, Toxic Shock Syndrome, and who provided the leadership to rid the world of smallpox, indeed the list of their achievements was endless.

To imply, much less say outright, that these experts were promoting a false scare is unforgivable. I was sure the Public Health People themselves speaking on the next day would have more to say about that.

Then because I was talking to a medical audience, I recounted that I had read and heard dozens of proposals for draconian solutions to the AIDS epidemic and that I used to say that they had been put forward by well-meaning people. But they weren't. Fortunately, the vast majority of the American people are well meaning and they wouldn't touch any of the medico-legal charlatany offered up by a frightened, misinformed, and divisive minority. More than once, I had previously said that most people get AIDS by doing things other people don't do and don't approve of folks doing in general.

I made it clear that while I didn't condone intravenous drug abuse and flatly opposed to the kind of sexual promiscuity that endangers a person's physical, mental, emotional, spiritual and health, I was in the position that I had to find a way that was effective to stop the chain of transmission of the AIDS virus that was consistent with American law and tradition. That meant I did the job with the help of good science and good education.

To do that the American people needed a clear understanding of the threat posed to them by the disease and be ready themselves to fight back with the best weapon available: their intelligent behavior. If I didn't believe that practicing physicians were essential to that effort, I said I wouldn't have been at that meeting, but I was and so were they. Indeed, I said that it was for that very purpose that President Reagan had asked me in February 1986 to deliver a report on acquired immunodeficiency syndrome to the American people, I released that in October 1986.

I recounted a manner in which I put this report together and how pleased I was that it was accepted by the Domestic Policy Council and the President, and it was accepted exactly as I wrote it.

I thanked the President for all the support he had given me saying that he had been absolutely terrific and noted that the White House Press Office, Mr. Marlin Fitzwater,

even referred members of the White House Press Corps to me for answers to their questions. What more could I ask?

Looking back on that report, it has impressed the country generally that AIDS was indeed everyone's problem. That's progress, because some people did not want to believe that. Now they must.

Second, the report made clear in order to end the chain of transmission we need to teach our young people the facts about AIDS. This of course, led into my oft repeated statement that before AIDS education can begin a child should be given information relative to his or her own sexuality and instead of calling it "sex education", I suggested calling it "studies in human development."

Inasmuch as this was a workshop on policy development, I was explicit about my thoughts that children should be learning all about themselves all the time. This practice has a special an additional special meaning, because if children are properly taught their own worth, we can expect them to treat themselves and others with greater respect. And wherever you have self-respect and mutual respect you don't have drug abuse and sexual promiscuity.

Then, of course, it had to be made clear that the federal role is to assist states and communities by making available to them the latest factual, scientifically accurate information, but that the concern and responsibility for the education rests with the states and communities.

Just to cover the economics, I made it clear that the Public Health Service would spend a hundred million dollars on the dissemination of facts about AIDS that year.

I thought this was a good time to quote Otis R. Bowen, medical doctor, former governor of Indiana for multiple terms, and at that time the very effective Secretary of Health, Education and Welfare and my boss. He said: "Any health information developed by the federal government that will be used for education should encourage responsible sexual behavior – based on fidelity, commitment, and maturity, and placing sexuality within the context of marriage."

I added that I thought children should be taught to be abstinent until they grow up, assume the role of a responsible adult, and find a mutual monogamous relationship. I don't think that's too much to ask of our children. In fact, I'm old enough to know that that kind of behavior was once the norm for this country. If we could return to it, it would spell the end of sexually transmitted AIDS.

After defending abstinence for youngsters, I enlarged upon faithful monogamous relationships, and advised those who would not listen to that moral message, which was also a scientific health message that they had to take special precautions and I got into the subject of the kinds of partners they might choose sexually and the use of condoms.

It would not have been proper without introducing to this policy section to the fact that I think sex education was primarily a job for parents, but that most parents can't or won't do it and therefore our schools, churches, synagogues, clinics, and other community institutions must step in to do not only what's needed but what's right.

I made it clear that this is where a great many physicians, who comprised the audience – as parents, as community leaders, as policy-makers in clinics and hospitals, and as providers of primary patient care – physicians can have a very positive and life-saving impact upon our young people.

I closed by affirming my belief in the fact that Americans are a good and strong people who through two centuries of challenges of many kinds have clung to our fundamental values of personal freedom, mutual assistance, and national unity.

Abstinence
Comparison of AMA with Surgeon General's workshop
Condoms for those who will not heed advice
Demography of AIDS
Demography of AIDS in newborn children
Draconian solutions to the AIDS epidemic
Education as the responsibility of states & community
Education of children about themselves
Effect of the Surgeon General's Report
Essential role of physicians
Federal law on education
Frightened, misinformed, & divisive minority
Fundamental American values for personal freedom mutual assistance,, and national unity
Geography of AIDS
Good science & good education go hand in hand
Heterosexual transmission of AIDS
History of AIDS
Homosexual & bisexual men
Implications of Surgeon General's Report for education
Information that AIDS is a false scare
Intravenous drug abusers
Legionnaire's disease
Medical-legal charlatany
Mutually faithful monogamous relationships
Nature of AIDS & the extent of AIDS
Need for intelligent behavior
Partition of AIDS in Blacks & Hispanics
Predictions on the increase of the incidents of AIDS

Preparation of the Surgeon General's Report on
AIDS

Role of parents as sex educators

Role of physicians as AIDS educators

Role of Reagan Administration

Self-respect & mutual respect

Sharing of paraphernalia for I.V. drug abuse

Smallpox

Statistics of AIDS

Success in workshops on handicapped children,
organ transplant, pornography, family
violence, & pediatric AIDS

The format of workshops

Toxic shock syndrome

Unwavering support of President Reagan

Dr. Otis R. Bowen (Secretary of Health & Human
Services)

Christian Life Commission of the Southern Baptist
Convention

National Coalition of Black & Lesbian Gays

National Education Association

National PTA

Dr. Osborne

Roy Schwarz (V.P. American Medical Assoc.)

Dr. Silverman

State Boards of Education

Surgeon General's Report on AIDS

Synagogue Council of America

U.S. Public Health Service

Washington Business Group on Health